



Under the Paperwork Reduction Action of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

FEE TRANSMITTAL For FY 2006		Complete if Known	
		Application Number	10/752,935
		Filing Date	January 6, 2004
		First Named Inventor	Kent
		Examiner Name	Donna V. Lui
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2629
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	ELG058-US1

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>18-0560</u> Deposit Account Name: <u>Tyco Electronics Corporation</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity		Small Entity		Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
							Small Entity
2. EXCESS CLAIM FEES						Fee (\$)	Fee (\$)
Fee Description							
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims Extra Claims Fee (\$) Fee Paid (\$)						Multiple Dependent Claims	
_____ - 20 or HP = _____ x _____ = _____						Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20						_____	_____
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)							
_____ - 3 or HP = _____ x _____ = _____							
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof			Fee (\$)	Fee Paid (\$)	
_____ - 100 = _____	_____ / 50 = _____	_____ (round up to a whole number) x _____			_____ = _____	_____	
4. Other Fee(s)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							N/A
Other (e.g., late filing surcharge): Three month extension fee (\$1020) and IDS (\$180)							1200.00

SUBMITTED BY			
Signature	<u>Marguerite E. Gerstner</u>	Registration No. (Attorney/Agent)	Telephone
Name (Print/Type)	Marguerite E. Gerstner	32,695	650-361-2483
			Date February 22, 2007

Certificate of Mailing (37 CFR 1.8)	
I hereby certify that this paper or fee is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below:	
Date of deposit: <u>February 22, 2007</u>	Name (printed): <u>Marguerite E. Gerstner</u>
Signature: <u>Marguerite E. Gerstner</u>	